



SUPPORT TO THE HIV/AIDS RESPONSE IN ZAMBIA (SHARE II)

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About SHARE II

The USAID-funded Support to the HIV/AIDS Response in Zambia II (SHARE II) project was signed on November 9, 2010 for a five-year period extending through November 4, 2015. SHARE II is implemented by John Snow, Inc. (JSI) and partners: Initiatives Inc; LEAD Program-Zambia; Zambia Interfaith Networking Organization on HIV (ZINGO); and Zambia Health Education and Communication Trust (ZHECT).

SHARE II Project Purpose

The purpose of the SHARE II project is to support and strengthen the multi-sectoral response to HIV and AIDS and contribute to the achievement of the USAID/Zambia Mission strategic objectives on reducing the impact of HIV/AIDS. SHARE II builds upon successes, innovations and best practices, including those from SHARE I, and works through strategic coalitions and partnerships with the National HIV/AIDS/STI/TB Council and other stakeholders to support Zambia's HIV/AIDS response.

SHARE II Project Objectives

SHARE II has the following four project objectives or tasks:

1. Strengthen and expand leadership involvement in HIV/AIDS and improve the policy and regulatory environment;
2. Strengthen the organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response;
3. Strengthen and expand HIV/AIDS workplace programs; and
4. Strengthen collaboration and coordination of HIV/AIDS activities with the Government of the Republic of Zambia, U.S. Government-funded partners and other stakeholders.

This report highlights some of the progress that was made on these SHARE II tasks from January 1 to March 31, 2014.

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Task 1: Strengthen and expand leadership in HIV/AIDS and improve the policy and regulatory environment

Through Task 1, SHARE II engages, mobilizes and equips leaders (political, traditional, religious and other influential opinion leaders) to be effective HIV/AIDS change-agents; supports the enactment, formulation and implementation of appropriate HIV/AIDS-related policies and laws; and equips partner institutions (legal and law enforcement) to appropriately manage HIV-related cases. SHARE II operates at two levels:

- At the *structural level*, SHARE II provides technical support to help leaders, including traditional leaders and parliamentarians, formulate and enact appropriate HIV/AIDS-related policies and laws; provides technical guidance for providing leadership to change harmful socio-cultural practices and norms; and provides advocacy support to increase local resource allocation for the national HIV/AIDS response.
- At the *behavioral level*, SHARE II works with leaders and other key players to build their skills and competencies so that they can use their authority and reach to enhance the HIV/AIDS response. These champions and partners can then lead efforts to discourage harmful behaviors (such as multiple concurrent partnerships and gender-based violence); promote helpful interventions (including condom use and male circumcision); and apply a gender, human rights and HIV/AIDS framework to the justice system, including HIV-related law enforcement and adjudication.

A fundamental cornerstone of the SHARE II strategy in HIV/AIDS leadership engagement is to help build understanding that HIV/AIDS is a developmental issue, and that action taken by leaders in HIV/AIDS now will ultimately contribute to national development. SHARE II thus encourages leaders to incorporate HIV/AIDS advocacy into their duties and responsibilities, as citizens in positions of influence and authority.

In an optimal policy and regulatory environment, there is minimal stigma towards and discrimination against people living with HIV (PLHIV) and those affected by the pandemic; the leadership of the different societal sectors speak openly about HIV/AIDS; and both laws and policies make it easier for implementers of HIV-related services to offer their services freely and objectively and for people needing these services to access freely and without fear of discrimination. SHARE II therefore works closely with government institutions and other key stakeholders to improve the policy and legal environment for people affected by HIV/AIDS and for PLHIV.

USAID/Zambia and SHARE II pay a courtesy call to Chief Cooma on March 28, 2014.

Standing (L-R): Headman Simon Moomba, Dr. Michael Chanda, Ms. Ky Lam, HRH Chief Cooma, Ms. Joy Munengu, Ms. Beatrice Hamusonde, Dr. Kalasa Mwanda and Ms. Priscilla Zulu

Kneeling: Headman Jonsen Simakwama and Mr. Kennedy Ndemena



drive chiefdom development. Additionally, Chief Cooma was the primary driver of and contact person for all development activities in Cooma, and although his involvement was necessary to the success of any work in the chiefdom, he was unable to perform all the necessary functions himself.

Over the following year, Cooma chiefdom underwent a radical transformation in its ability to plan and oversee HIV/AIDS and developmental programs by both adding new structures and modifying the responsibilities of the old ones. With SHARE II's guidance, the chiefdom defined a new governance structure for itself, which clearly delineated the separate roles of the Cooma Royal Family (advising the chief and other leaders on cultural and traditional issues) and two newly-established institutions: the Cooma Chiefdom Royal Council (formulating local policies and interpreting national policies) and the Cooma Chiefdom Development Trust (overseeing development in the chiefdom).

The newly-created Cooma Chiefdom Development Trust (CCDT) was given the responsibility for managing all the developmental initiatives of the Cooma chiefdom, as well as spearheading new business development. The CCDT is comprised of traditional leaders and technocrats from the community and oversees smaller committees at the zonal and village level. In the long term, the CCDT will function as a professional developmental engine for the chiefdom, with a clear and functional

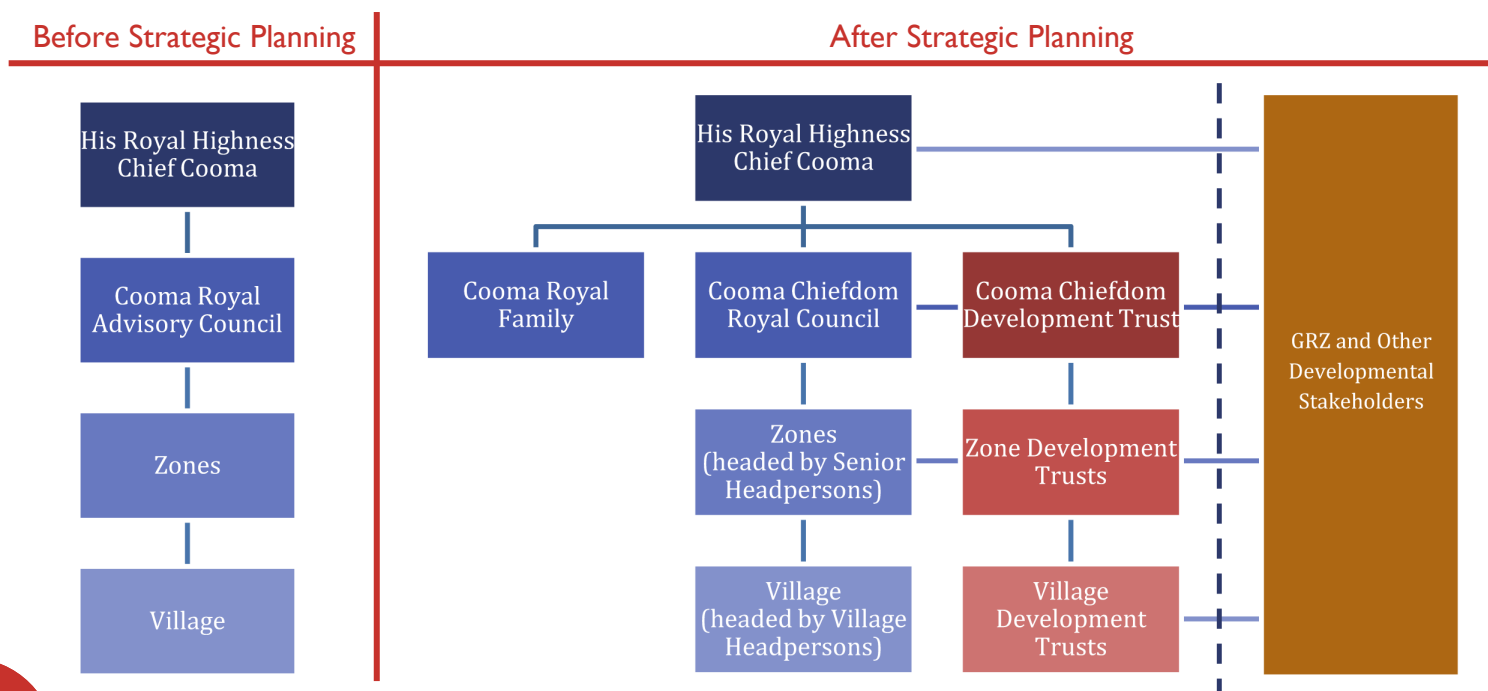
management and staffing structure.

The creation of the CCDT and the other changes to the chiefdom's management structure must be considered in light of the generally autocratic structure of most chiefdoms in Zambia, whereby a single decision-maker (the chief or chieftainess) oversees most chiefdom activity and makes most of the decisions. By delegating responsibility for overseeing development projects to the CCDT, Chief Cooma was signaling his willingness to work not only with headmen, but also with government officials, NGOs and other partners in designing a way forward.

Redefining Roles and Responsibilities and Empowering Chiefdom Leaders

Prior to SHARE II's entry into Cooma chiefdom, traditional leaders—such as headmen—were primarily involved in resolution of disputes related to the social well-being and smooth functioning of their village, such as mediating disagreements over land and property (including petty theft and encroachment), dealing with social disturbances (such as lewdness or misconduct) and collecting levies or other goods. A vital aspect of the SHARE II intervention in chiefdoms is to help them define and establish more democratic and inclusive systems of governance through the expansion of the roles of traditional leaders so that they can function as development change-agents, including in the areas of health and HIV/AIDS.

Figure 1: Cooma Chiefdom Management Structure, before and after strategic planning





A SHARe II-trained headman in Cooma uses CSH materials to sensitize a group of men and women on the benefits of VMMC

With the broadening of roles and responsibilities, traditional leaders with leadership qualities in various economic and social sectors have begun taking the initiative to lead in those areas, leading to significant improvements in the way the chiefdom handles development. In the area of HIV/AIDS, this reorganization—combined with the launch of the strategic plan—has directly led to an increase in uptake of HIV-related services in Cooma chiefdom.

HIV/AIDS Leadership by Cooma Chiefdom Leaders Increases Uptake of HIV-related Services

As part of its structural and functional reorganization, in September 2013, Cooma chiefdom worked with SHARe II to train 35 traditional leaders in HIV/AIDS messaging, covering topics such as HIV testing and counseling (HTC), antiretroviral treatment (ART), HIV prevention, HIV-related stigma and discrimination and voluntary medical male circumcision (VMMC). Then in October 2013, a few days after the launch of the *Cooma Chiefdom Development Strategic Plan 2013-2017*, Chief Cooma appointed Francis

Mukuka, a health worker at Sikalongo Rural Health Center (RHC), as the chiefdom's Focal Point Person for HIV/AIDS and as a CCDT member.

Mr. Mukuka had been working in the chiefdom under the Ministry of Community Development Mother and Child Health (MCDMCH) for over three years, but the creation of his new position, which entails that he accompanies the chief during his yearly chiefdom inspection and sensitization tours and works very closely with the other traditional leaders, has for the first time correlated with significant increases in multiple HIV/AIDS-related indicators at the RHC (see *Table 1*). Mr. Mukuka reports that the number of people going for HTC has risen substantially, with 369 people tested at the RHC alone in the three months after he was appointed to the CCDT, and many more through mobile HTC services provided by partners, for an estimated total of over a thousand community members tested in that period.

Table 1: HTC and ART initiation rates at Sikalongo RHC

Service	Oct-Dec 2011	Oct-Dec 2012	Oct-Dec 2013
ART uptake	11	7	24
HTC	77	207	~1000

Mr. Mukuka attributes the rise in service uptake to modifications in the chiefdom's governance structure, including his appointment to the CCDT, and the expanded messaging role of traditional leaders following SHARE II's entrance into the chiefdom. "Before... you find there are few people [going for services] compared to when I was appointed," said Mr. Mukuka, but since his appointment, "when the chief or headman says 'we are going to have a meeting,' everyone in that community would come, and they were accessing services. This contributed so much."

Another major reason for this change, said Mr. Mukuka, was the leadership training which helped traditional leaders shed their former misconceptions about HIV/AIDS, ART, male circumcision and other HIV-related issues. Prior to the training, said Mr. Mukuka, "I think [the leaders] were not informed, or they were ignorant about these issues"; he noted that many headmen even believed that taking anti-retrovirals would lead to

Harnessing Traditional Leaders' Influence to Address HIV/AIDS in Chiefdoms

Many of the key drivers of HIV/AIDS in Zambia—including multiple concurrent partner-ships, low and inconsistent condom use, low rates of male circumcision and vulnerability among certain marginalized groups—are based on deep-seated cultural factors, such as the acceptability of multiple partners for men or of gender-based violence against women. SHARE II recognizes that traditional leaders, as cultural standard-bearers, are in the best position to influence their people to discard harmful practices or adopt beneficial practices.

Headman Jonsen Simakwama, pictured below and on the right, was the first from his village to be circumcised, leading by example.

Headman Jonsen Simakwama doing messaging on VMMC during the Cooma Chiefdom Development Strategic Plan Launch, October 2013





Headman Simakwama right after being circumcised by SFH service providers, March 2014

an early death. But now that the leaders are on board and organized, the community is on board, too: “After the launch I saw a lot of things from the leaders... At this time, just after the launch, [I] have seen a lot of change. I think after this strategic plan, it will make a big difference.”

Traditional Leaders Redefine Chiefdom Norms and Lead by Example

The issue of VMMC in Cooma chiefdom was very hotly debated during the strategic planning process and in subsequent meetings. The chiefdom leaders initially displayed significant reluctance towards male circumcision when SHARE II brought up the issue, noting that not only was Cooma a non-circumcising chiefdom, but that it was a degrading practice associated with former slave tribes. Chief Cooma himself acknowledged that male circumcision was a culturally forbidden practice

among the Tonga tribe: Prior to SHARE II’s arrival, he said, circumcision “was not there. We couldn’t even dream of doing that in Tonga-land.”

During its trainings however, SHARE II respectfully engaged the traditional leaders to reframe the discussion around circumcision. SHARE II explained that VMMC done for medical reasons should be considered as a separate practice than the cultural male circumcision that the chiefdom leaders were familiar with, which functioned as a rite of initiation for other tribes; the rituals and intentions surrounding each practice were entirely separate. Once the headmen understood this distinction, they noted that their true opposition was to cultural circumcision, not medical circumcision. Over time, many of the headpersons came to appreciate and understand the benefits of VMMC, particularly in light of the high HIV/AIDS rates in the chiefdom. They were also guided by Chief Cooma, who—by taking the lead and being



Honorable Professor Nkandu Luo, MP, Chiefs and Traditional Affairs Minister, speaking at the VMMC National Launch in Cooma chiefdom on March 28, 2014.

circumcised himself following a SHARE II training—signified a significant shift in the chiefdom’s culture and norms.

Subsequently, the headmen not only themselves acknowledged that VMMC was a beneficial practice, but also took the lead in sensitizing their communities, encouraging men to undergo the procedure. They also ensured that those who opted-in were registered and assisted to access VMMC services. During the strategic plan launch in October 2013, which coincided with the chiefdom’s annual traditional ceremony, traditional leaders publicly spoke out about the benefits of VMMC, setting the stage for wider-scale mobilization efforts.

In March 2014, a coalition led by SHARE II visited the chiefdom to focus on VMMC demand creation. The group included representatives from SHARE II, the Ministry of Chiefs and Traditional Affairs (MOCTA), the MCDMCH, the Choma District AIDS Coordinating Advisor (DACA), a popular local musician Mpande and the chiefdom’s male and female traditional leaders who had been

trained in VMMC and cervical cancer messaging. Chief Cooma directed the group to target four regions in the chiefdom that had previously been very resistant to VMMC.

This time, with the full involvement and encouragement of Chief Cooma—and with the trained chiefdom leaders providing information to their communities about VMMC myths and misconceptions, benefits and scientific facts—the demand for VMMC in Cooma chiefdom shot up. In a one-week period (March 21-28, 2014), the Society for Family Health project, working with SHARE II, set up mobile male circumcision sites in the chiefdom and circumcised 172 men, with a further 368 men booked for circumcision for April 2014.

Headman Jonsen Simakwama, apart from registering 56 men and boys to be circumcised, was the first to be circumcised in the Mboole region of Cooma chiefdom. He attributes the tremendous increase in the number of men going for VMMC to the involvement of traditional leaders: “The idea which SHARE [II] used, to

involve headmen, to put headmen in the forefront in sensitizing people in male circumcision, is a wonderful strategy. Others who came earlier, they failed because they didn't involve us as traditional leaders. But when they involve us, there is a positive change, a big change. There is a big change because the traditional leaders have got influence to their subjects. And also, if you take the lead, and you [are] in the forefront, like what I did, to be circumcised, all the people, they follow. They know that this is real, this is helpful."

"The idea which SHARe [II] used, to involve headmen, to put headmen in the forefront in sensitizing people in male circumcision, is a wonderful strategy."

Cooma Chiefdom Provides an Example to the Rest of the Country

On March 28th, Cooma chiefdom hosted the National VMMC Launch, with Guest of Honor Hon. Professor Nkandu Luo, MP, the Minister of MOCTA. Also in attendance were the USAID/

Zambia HIV/AIDS Multisectoral Team Leader Ms. Ky Lam and other USAID officials; the Deputy Ministers for MOCTA and the MCDMCH; the Provincial Permanent Secretary and Provincial Medical Officer; and the District Medical Officer and District Commissioner. In her keynote, Professor Luo underscored the importance of hosting such a launch in a chiefdom, particularly a traditionally non-circumcising chiefdom, noting that this approach instills confidence in people living in other rural areas that VMMC should not be restricted to urban settings but should become an accepted practice country-wide.

Chief Cooma himself has recognized what a tremendous difference SHARe II's involvement has made. "USAID has done wonders in my chiefdom. The people you sent—SHARe II—they have highlighted us. We didn't know how to run a chiefdom. We were blind, really," he explained during a courtesy call and meeting with the USAID delegation on the morning of the National VMMC Launch. "But now at least we can see that the chiefdom is going smoothly, especially talking about HIV/AIDS." ♦

January-March 2014: Other HIV/AIDS Leadership Activities and Achievements

- **Launch of Zambia Association of Musicians (ZAM) Strategic Plan 2014-2018:** SHARe II launched the *Zambia Association of Musicians 2014-2018 Strategic Plan* on January 16, 2014. The event was officiated by the then-Minister of Foreign Affairs, Honorable Wilbur Simusa MP, while the then-Minister of Arts and Tourism (MAT) Honorable Silvia Masebo was represented by the MAT Permanent Secretary. The wife to the Vice President, Mrs. Charlotte Scott, was in attendance and presented with an accolade for being a friend to ZAM. USAID was represented by the HIV/AIDS Multisectoral Team Leader Ms. Ky Lam. The guest of honor urged ZAM not to become content with simply launching the plan but to pursue comprehensive implementation of the documented strategies and fulfill their vision. (see page 14)
- **Community Capacity Assessments and Chiefdom Strategic Plans:** In February and March 2014, SHARe II carried out Community Capacity Assessments (CCA) and facilitated strategic planning processes in four chiefdoms: Nyakulenga, Kapijipanga, Kahare and Mutondo. The CCAs helped establish the capacity of the chiefdoms in pursuing development and responding appropriately to the challenges of HIV/AIDS in their communities. The strategic planning process will facilitate the integration of HIV/AIDS measures in key social and economic areas in these chiefdoms.
- **Supportive Supervision Visits to Chiefdoms:** In March 2014, SHARe II conducted a supportive supervision visit to Cooma chiefdom. The chief, together with the key members of the Cooma Chiefdom Development Trust, were re-oriented in the effective documentation of their implementation of the strategies enshrined in the chiefdoms strategic plan. The need to use the implementation Process Assessment (IPA) as an effective self-monitoring tool for the chiefdom was also enforced.
- **Religious Leaders' Training Manual Development Meetings:** In January and March, SHARe II met with the consultants finalizing the training manual for the integration of HIV/AIDS information in theological institutions.

Training Court Magistrates to be Agents of Change

A child is married off, against her will, at the age of 13; a man is fired from his construction job when his employer learns that he is HIV-positive; a woman is divorced by her husband and receives no share of their property; two gay men are arrested and held without bail for “inciting criminal conduct.” For these Zambians, the legal system can be either a last line of defense in protecting their human rights—or an agent which perpetrates unfair treatment of marginalized and vulnerable populations.

Court decisions can directly impact people’s lives, but there is no law in Zambia specifically dealing with HIV/AIDS, and few cases related to HIV/AIDS, gender and human rights have made it to the High or Supreme Courts of Zambia (thereby establishing precedent), leaving judges with few resources to draw on when deciding cases. Magistrates have been put at an additional disadvantage when adjudicating cases with an HIV/AIDS component because they lacked a reference guide outlining factors to consider when making their rulings, leading to inconsistency in judgments rendered.

For this reason, SHARE II, in collaboration with the Zambian Ministry of Justice, has been training court magistrates in HIV-related case management, including gender-based violence, underage marriages, labor laws and the rights of people living with HIV. In the absence of specific HIV/AIDS laws in Zambia, these trainings aim to standardize and improve the handling and adjudication of HIV-related cases brought before the Zambian courts by including information on relevant cases in Zambia as well as comparative case analyses from other countries in the region.

Looking Inward – and Outward – for Precedent

Since its inception, SHARE II has expanded the work that its predecessor project, SHARE, launched with magistrates. Based on a needs assessment conducted in 2010, SHARE II staff developed a reference manual for the judiciary that addressed the significant gaps in HIV/AIDS-related case law. The manual includes technical information on HIV infection and treatment as well

as legal analysis in four areas of law: criminal, contracts/employment, human rights and intellectual property.

Sample HIV/AIDS-related cases in...

Criminal law	<ul style="list-style-type: none"> • Wilful infection of HIV • Incest and defilement, e.g. harsher sentences when defilement is accompanied by infection • Using HIV as a mitigating factor in sentencing, e.g. assigning a community sentence rather than incarceration
Contract law	<ul style="list-style-type: none"> • Mistreatment, marginalization, or stigmatization of employees with HIV, e.g. wrongful dismissal • Denial of work or promotions to employees with HIV
Human rights law	<ul style="list-style-type: none"> • Denial of right to treatment for PLHIV, e.g. employers who do not allow time off for care and treatment • Gender-based violence • Marital law, e.g. permissibility of divorcing upon discovering HIV status of a partner
Intellectual property law	<ul style="list-style-type: none"> • Counterfeiting of HIV/AIDS-related products, such as condoms, ARVs and infant formula

SHARE II conducted a comprehensive review of all relevant Zambian law, as well as cases which had made it to the High or Supreme Courts, to include in the manual along with legal analysis. However, due to the paucity of case law within the country, SHARE II also did an extensive study of relevant laws and precedent from other Commonwealth countries in similar jurisdictions, such as Zimbabwe and Botswana; pursuant to Section 2 of the English Law (Extent of Application) Act, Chapter 11 of the Laws of Zambia, common law from British Commonwealth countries may be applicable in Zambia provided that it is not inconsistent with existing Zambian law, statutes or the Zambian constitution.

Further, in the Zambian legal system, judges have discretion to act according to the dictates of their

own judgment and conscience—as long as judgment is provided based on the overall public good—where there is a lack of precedent or relevant law. For those cases where no precedent existed, the SHARE II manual specified that judges did ultimately retain this right.

SHARE II shared this manual with the Training Department within the Ministry of Justice, which reviewed it in a committee that included the Chief Justice of the Supreme Court of Zambia. In 2011, the Judiciary granted SHARE II permission to conduct trainings of all local and subordinate court magistrates nationwide: an offer that is rarely extended to non-governmental organizations. The Ministry also appointed a focal point person who accompanied SHARE II staff on trainings.

Between May 2012 and August 2013, 93 percent of Zambia's Subordinate Court Magistrates (141 of 152) and 60 percent of Local Court Magistrates (291 of 485) participated in this SHARE II training, with additional trainings planned for April-June 2014. Follow-ups conducted by SHARE II, including case law reviews and in-person visits, indicate that the trained magistrates are using the lessons learned during their training sessions to appropriately manage HIV-related cases that come before them.

With this critical mass of magistrates now trained, SHARE II, the Ministry of Justice and the magistrates themselves have been focusing on sustainability, so that judges and other professionals

throughout the legal system are—and continue to be—cognizant and sensitive to HIV/AIDS, gender and human rights when overseeing cases.

Adjudicating for Change: Magistrates Pass along Lessons Learned

SHARE II-trained magistrates have spoken out about the usefulness of the training manual in their day-to-day lives (see “Using SHARE II Trainings to Protect the Vulnerable”). As the ultimate show of support, many of them have gone even further, taking the initiative to share messages from the manual with other magistrates and train their subordinate staff.

In Chipata District, for example, Honorable Malabo has used SHARE II's materials to train 70 of his support staff—including court clerks, interpreters and messengers—on human rights, HIV/AIDS, gender equality and basic HIV prevention. Magistrate Malabo recognized that staff at all levels of the judiciary system can affect the way cases and individuals are treated, and can benefit from greater sensitivity around these issues.

His fellow magistrate in Chipata, Honorable Hakoma, has decided to use his capacity as a magistrate to advocate for reducing stigma against PLHIV. The SHARE II training, said Magistrate Hakoma, “really helped me come to understand and remember, as an adjudicator, how I should treat people who are HIV-positive that appear in

Using SHARE II Trainings to Protect the Vulnerable

In 2012, soon after the Honorable Leontina Kwenge of Mabumba Local Court in Mansa participated in the SHARE II training, she met with her local chiefs and headmasters and together came up with a plan of action for ensuring that underage girls stay in school, instead of being married off by parents or guardians. Magistrate Kwenge has prevented five underage girls from being married off against her will, and is excited to continue using her newly-acquired knowledge to protect girls and women.

“Before the training, some of us thought that we had very little role to play in protecting young girls from underage marriages because we thought it was a prerogative of their Royal Highnesses,” said Honorable Kwenge. “Our eyes have been opened, and we are now using our powers to protect the voiceless, especially when it comes to issues of gender and HIV risk for young girls.”

Honorable Justice Lameck Ng'ambi, a Lusaka Magistrate, used his training to grant bail based on the HIV-positive status of an individual who appeared before him. “SHARE II trainings have significantly contributed to the sharpening of my legal skills and expertise as an Adjudicator,” he noted. “In the recent past, I have personally utilized some of the training materials and knowledge acquired from the trainings as resource tools in my work.”

my court.” When making pivotal decisions such as sentencing, for example, justices need to consider factors such as their living conditions once incarcerated. “In prisons, for instance, those sentenced need good sanitation, they need good food and medication, they shouldn’t be in a congested space in case of opportunistic infections,” noted Hakoma. “We also need to safeguard the health of other inmates, therefore we should take all these things into account.



Justine Chitengi, SHARE II Policy and Legal Manager, leads a training of Local Court Magistrates in Siavonga (Southern Province), August 2012

To address stigma in workplaces in the judiciary, Magistrate Hakoma initiated and embarked on a province-wide tour of all the courthouses and judicial offices in Zambia’s Eastern Province. As he conducts training sessions on HIV/AIDS-related case management, rooted in the principles of the SHARE II training package, he takes the opportunity to vehemently speak out against stigma in the judicial workplace.

“I hope we all realize the attention [HIV-positive individuals] need,” said the Magistrate, “because if adjudicators do not take all these things into account in their administration, then we will be fighting a losing battle in the fight against HIV/AIDS. It will be like beating a dead horse!” He has also proudly developed a motto for his future training sessions: “come out and be free!” As Magistrate Hakoma declares, “if people keep hiding, instead of sharing their experiences, then no one will be helped.”

Formally Expanding SHARE II Trainings for Broader Reach

In order to train prospective magistrates and other legal professionals before they graduate and begin practicing law, SHARE II has developed a curriculum on HIV/AIDS, Gender and Human Rights for pre-service judges. This course is designed for tertiary institutions that offer full legal training, such as NIPA (the National Institute for Public Administration); NIPA has begun piloting this curriculum and, as of March 2014, is in its second semester of offering this course.

SHARE II and the Ministry of Justice are also taking steps to ensure that all in-service magistrates have access to the training and reference materials, regardless of their role within the Judiciary. In March 2014, the Director of Training formally requested that SHARE II develop a training package for High Court and Supreme Court Magistrates, and the Ministry is also considering integrating the training into official Judiciary capacity-building and appraisal processes.

There is high interest from magistrates in official integration of the HIV/AIDS curriculum. Between March and April 2014, SHARE II conducted two week-long supportive supervision visits to magistrates in Northern and Southern Provinces to evaluate the impact of the trainings, if any, on the execution of duties by the trained magistrates. Of the 35 magistrates that were visited, all of them confirmed that the trainings had sharpened their skill in HIV/AIDS-related case management; a further 26 reported that they were encouraging Judiciary Senior Management to adapt these trainings and incorporate them in their routine appraisal trainings for their staff.

The Judiciary Senior Management is in charge of training all judiciary staff, from the point of inception through induction and orientation; they also conduct regular appraisals and trainings as part of their Continuous Professional Development program for magistrates. Some of the magistrates who regretted the manner in

which they passed judgment related to HIV/AIDS cases prior to the SHARE II trainings have thus been lobbying for a modified curriculum to be included in official Judiciary trainings and evaluations.

One of the magistrates visited, Honorable Makalicha, is the Mpika Subordinate Court Magistrate In-charge, and reiterated the value of the SHARE II trainings to his own adjudication: “The training was of great value to me and of course the other magistrates,” he said. “From that training, actually, we were able to learn how best we can handle a matter where HIV/AIDS issues [are] related, because there was no law in Zambia which would talk about how to adjudicate a matter which can be referred to. So that training ... was an eye-opener for magistrates to help us understand how best we can adjudicate a matter which is HIV-related.”

Hon. Makalicha emphasized the importance of integrating the SHARE II curriculum into future plans for the Judiciary, so that magistrates who are newly inducted or who move from one position to another can obtain the necessary knowledge. “If the government allows, there is a need to train at the point of orientation of the incoming magistrates, there is need actually to have either one of you from that organization work together with the Judiciary to orient or induct the incoming magistrates on the bench, so that those who are in the system will have the same knowledge,” he noted.

SHARE II will continue working with the Ministry of Justice at all levels to ensure that all magistrates—from those who are newly-inducted, to those serving in the Supreme Court—are fully-equipped to handle HIV/AIDS-related cases which they are called upon to adjudicate. ♦

January-March 2014: Other HIV/AIDS Legal and Policy Activities and Achievements

- **Development of HIV/AIDS and Wellness Workplace Policies in the Public Sector:** In January, SHARE II facilitated an HIV/AIDS and wellness workplace policy drafting workshop with the Ministry of Mines, Energy and Water Development and, in February, assisted the Ministry of Transport, Communication, Works & Supply in drafting and reviewing its workplace policy. Also in February, SHARE II held two meetings with the Ministry of Agriculture & Livestock where the groups drafted a workplace policy. In March, SHARE II participated in the first quarter IMASF meeting, where two SHARE II partner Ministries shared lessons learned in developing policies.
- **Technical Assistance to Global Fund CCM:** In February, at the invitation of NAC, SHARE II sat as legal counsel on a panel of interviewers comprised of members of the Country Coordinating Mechanism (CCM) of the Global Fund to enhance the capacity of identified grant recipients from the Ministry of Health and CHAZ to comply with core principles of the vetting process.
- **Signing MoU with ZLDC:** In March, SHARE II signed a formal Memorandum of Understanding (MoU) with the Zambia Law Development Commission (ZLDC), with which SHARE II is partnering on its project to repeal the Deceased Brother's Widow's Marriage Act (DBWMA). Going forward, SHARE II will revise and expand the scope of its current MoU with ZLDC to include other laws with a bearing on the national HIV/AIDS response, in addition to the DBWMA.
- **Revising HIV/AIDS Funding Clause in RDA Standard Contract:** In March, SHARE II reviewed and re-drafted the general clause on HIV/AIDS funding in the Road Development Agency (RDA) standard national contract for contractors, to enable RDA to withhold and devote a percentage of funds from each contractor's overhead funds for HIV/AIDS programming. Previously, the percentage of funds devoted to HIV/AIDS had not been specified in such contracts. SHARE II will engage the Attorney General for approval of such financing agreements between RDA and contractors.
- **Policy Declaration of Leadership Commitment on HIV/AIDS:** In March, SHARE II staff conducted a five-day training for 51 participants in Shimukunami chieftdom, after which the chieftdom signed a declaration of commitment on HIV/AIDS which outlaws/bans specific harmful practices.



ZAM Strategic Plan Launch

On January 16th, the Zambia Association of Musicians (ZAM), in partnership with SHARE II, launched its 2014-2018 Strategic Plan, with honored guests Hon. Wilbur Simusa, Minister of Foreign Affairs; Steven Mwansa, Permanent Secretary in the Ministry of Tourism and Arts; Dr. Charlotte Scott, wife to the Republican Vice President Dr. Guy Scott; and Ms. Ky Lam, HIV/AIDS Multi-sectoral Team Leader at USAID/Zambia.



Task 2: Strengthen the organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response

SHARE II strengthens the capacities of HIV/AIDS coordinating structures to oversee, manage, and implement the national and community-level HIV/AIDS responses. Technical assistance provided to entities in the public and private sectors, selected umbrella civil society organizations and chiefdoms includes supporting expansion of successful evidence-based interventions, disseminating use of best practices across sectors, and advising on the most efficient and effective use of resources.

In the case study below, the Lusaka DATF's new push to counteract stigma and discrimination against PLHIV in schools demonstrates the benefits of improved stakeholder coordination.

Catch them Young! Lusaka DATF Rises to Challenge HIV Stigma and Discrimination in Schools

Improving District-Level HIV/AIDS Coordination

In Zambia, District AIDS Task Forces (DATFs) are charged with overseeing coordination of HIV/AIDS initiatives and stakeholders at the district level through a number of avenues including regular information-sharing and planning meetings. DATF members are typically staff or other leaders from key stakeholder organizations in each district who serve on the task force as volunteers. Within the DATF, the District AIDS Coordination Advisor (DACA), an employee of the National HIV/AIDS/STI/TB Council (NAC) who operationally reports through the district-level local government system, provides HIV/AIDS coordination oversight and leadership. DATFs therefore receive technical guidance from NAC and implementation support from the local district administration.

Historically, DATFs have had challenges in carrying out their coordination mandate effectively. They have cited a number of reasons for this, including inadequate and inconsistent funding from NAC, inadequate technical competencies among DATF members to effectively coordinate HIV/AIDS responses, inadequate support of HIV/AIDS coordination activities from district authorities and inadequate interest and buy-in from HIV/AIDS stakeholders and implementers. In addition, frequent leadership changes at NAC and high DACA turnover level have also weakened DATF functioning.

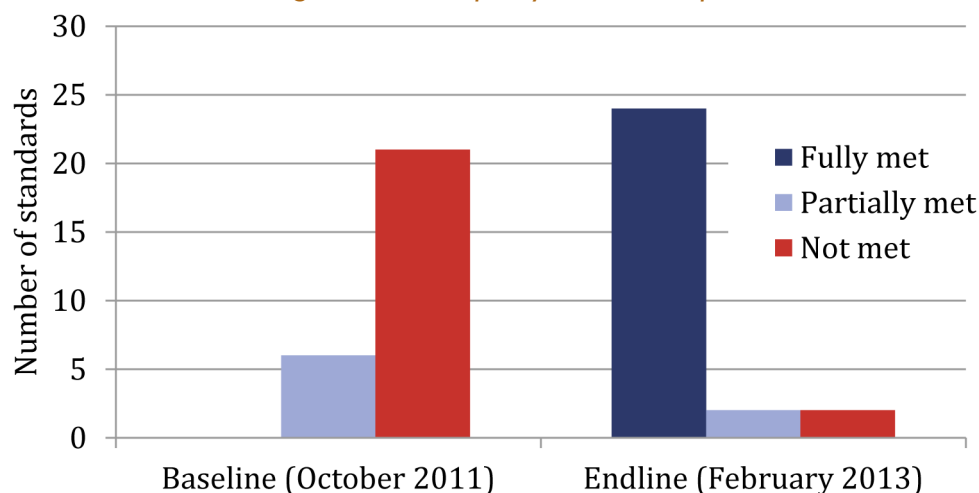
In 2011, SHARE II began working with 72 DATFs across the country to strengthen their capacity to coordinate the district HIV/AIDS response. SHARE II initially assisted the 72 DATFs to conduct assessments to identify gaps, thereby allowing the project to target its subsequent technical assistance to the areas of greatest need. Key activities SHARE II has hence undertaken to support DATF organizational development have included compiling a District Coordination Toolkit—a one-stop resource on HIV/AIDS coordination “how-to”s—providing guidance on improving administrative procedures and supporting DATFs to convene and mobilize stakeholders to address challenges in the district.

SHARE II also guided DATFs through a process to develop a customized District HIV/AIDS Strategic Plan, which defines the scope of HIV/AIDS in each district and outlines appropriate and achievable activities to respond to the local epidemic. Following strategic plan development, additional guidance was offered on operational planning and other key areas.

Visible Changes at the DATF Level

While SHARE II has reached 72 DATFs with this basic package of support, the project has worked especially intensively with the Lusaka DATF and 14 others in high HIV-prevalence or otherwise strategically important districts. Now, after almost three years of support, the fruits of these interventions are becoming apparent.

Figure 2: Lusaka DATF performance on organizational capacity certification process



Stakeholder meetings are crucial to the functioning of a DATF, as they lead to better coordination of HIV/AIDS initiatives, with better matching of stakeholder programs to service needs. After the training and technical support received from SHARE II, the Lusaka DATF was able to leverage funding and meeting space from stakeholders to facilitate regular meetings; through the mapped lists of stakeholders, it was also able to identify organizations in the

In October 2011, following a self-evaluation which highlighted considerable gaps in performance management systems at the Lusaka DATF, SHARE II provided technical assistance to the DATF and tracked progress in improvement using an organizational capacity certification (OCC) process. The OCC measured the DATF's performance on 28 standards in eight categories: governance and leadership, coordination of the district response, administrative management, human resources management, performance response management, cross-cutting issues, financial management and monitoring & evaluation.

At baseline, the Lusaka DATF was found to have not fully met any standards (Figure 2): it partially met six, and did not meet 21 (one standard was not applicable to the DATF at the time). For example, the DATF did not meet standards pertaining to mapped lists of stakeholders or regular holding of stakeholders' meetings. By February 2013, after SHARE II's intervention, the Lusaka DATF had fully met 24 standards, partially met two, and not met two standards; by this time, the DATF had a comprehensive list of stakeholders and was holding regular quarterly meetings.

community that could meet identified areas of need. In fact, contrary to previously-held opinion that stakeholders lacked interest in HIV/AIDS response coordination, the Lusaka DATF found

SHARE II Support to Improve District HIV/AIDS Response Coordination by DATFs

- Organizational capacity assessments (OCA) to identify HIV response coordination gaps
- Targeted technical assistance to address gaps, including:
 - Training DATF members in basic HIV/AIDS technical information and providing training and mentorship in HIV/AIDS response coordination
 - Developing and disseminating of the District HIV/AIDS Coordination Toolkit
 - Providing technical mentorship and sensitization to district local authorities leaders on their HIV/AIDS response leadership roles and responsibilities
 - Providing support to make the HIV/AIDS response locally responsive and relevant by assisting DATFs to develop District HIV/AIDS Strategic Plans
 - Providing training and mentorship in district HIV/AIDS stakeholder coordination through stakeholder forums
 - Assisting DATFs to leverage HIV/AIDS response coordination resources through Constituency Development Funds (CDFs)
- Periodic supportive supervision to ensure DATFs remain on track in HIV/AIDS coordination mandates
- Mentorship of NAC counterparts in supporting district HIV/AIDS response coordination as a sustainability measure

out that its stakeholders valued these forums and were willing to provide resources to support them. Lusaka DATF stakeholder forums now consist of DATF updates such as policy updates, stakeholder reporting and technical updates about HIV/AIDS.

Ms. Ellen Chanda is the Lusaka DACA and works closely with the Lusaka DATF. She describes how, since 2011, SHARE II helped the DATF improve: “From the time we began training with SHARE II, they guided us on a number of issues: how to conduct a meeting, and how to make meetings more effective, and to also ensure that when we meet, we are focused on a certain way. So I think from the trainings that we underwent,” she explained, “we were able to recast the way we conducted our meetings and also to be able to have a focused view on various issues.”

Nowadays, Ms. Chanda notes, “When we meet we discuss various gaps that we are experiencing, so from those gaps we call on our stakeholders to develop programs that can mitigate those gaps.” This focus has helped energize the DATF and made meetings more meaningful, meeting both the needs of stakeholders and the HIV/AIDS response.

Below is an example of how Lusaka DATF has improved HIV/AIDS response coordination through stakeholder forums to benefit young people living with HIV.

Addressing HIV-related Stigma and Discrimination

One of the priorities that had been specifically identified in the Lusaka DATF strategic plan was the prevalence of HIV-related stigma and discrimination against students living with HIV, and the need to address it. As the DATF began holding regular stakeholder meetings, a stakeholder from the Mandevu Zone AIDS Task Force brought up this issue again, noting that something should be done for youth PLHIV in schools. Another DATF member present at that meeting, from the Anti-AIDS Teachers Association of Zambia (AATAZ), stepped up to the plate and offered to tackle the problem.

In 2013, with the DATF’s support, AATAZ decided to expand its existing Catch Them Young program, which disseminates HIV prevention messages to youth through school-based activities, to include a



Ms. Ellen Chanda, Lusaka District AIDS Coordination Advisor

support group specifically for youth PLHIV. The new student support group provides a safe space that allows students living with HIV to share their challenges and support each other, and also offers students practical skills such as public speaking training. By March 2014, 55 students from a target group of 65 schools had joined this new support group.

Without the DATF, says Ms. Mervis Banda, the AATAZ Program Manager in charge of the support groups, the program would never have been launched. “It is from [the Lusaka district strategic plan] that this whole support group network is even feeding into,” says Mrs. Banda. “To me, the DATF has been very supportive. They will link us to organizations that are looking for projects to fund, they will also give suggest us to organizations for sponsorship or projects. They also monitor whatever activities we do, we report to them.”

Students in the groups are not necessarily aware of the role that the DATF played in creating the group, but they are very aware of the role that the group is playing in their lives. Usisiwe Mulenga was diagnosed with HIV 10 years ago and, last year, completed Grade 12. She joined the Catch Them Young support group when it was created last year and reflected on how much it has changed her perspective:

“Before I joined the support group... sometimes I would go and sit on the bed and go ‘God, why did you just choose me? This pandemic is so much affecting people, why can’t you just take my life?’ But when I joined the support group, I learned how to come out. You know, when I have a problem, I don’t keep it to heart anymore. I would speak to someone, that someone would give me some encouragement, you know? You feel very lifted.”

In resource-limited HIV/AIDS response settings like Zambia’s, there is a high premium on strong and effective management, planning and coordination to ensure efficient use of the available resources. The Lusaka DATF is among the many Zambian DATFs that are now effectively utilizing stakeholder forums to improve district HIV/AIDS response coordination and making available resources stretch further, to the benefit of PLHIV and those affected by HIV/AIDS. ♦



Ms. Usisiwe Mulenga, who joined the support group last year, and Ms. Prosperine Zulu, Assistant Manager at AATAZ

January-March 2014: Other Coordinating Structures Activities and Achievements

- **Support to NAC for Staff Recruitment:** Between January and March, SHARE II worked closely with counterparts in the National HIV/AIDS/STI/TB Council (NAC) to develop interview questions and then participate as interviewers to fill the following vacant positions; Luapula PACA, Policy and Planning, Monitoring and Evaluation and Public and Private Coordinators.
- **Harmonization of Technical Support to NAC:** In January, SHARE II—in collaboration with NAC, the UN Joint Team (UNJT) and the CSH project—facilitated a meeting to harmonize their 2014 technical support plans to NAC. NAC has since integrated these plans into its work plan, optimizing opportunities for collaboration and synergies, with the goal of ultimately improving coordination.
- **Support to PATFs:** The previous quarterly report highlighted SHARE II’s engagement with Provincial AIDS Task Forces (PATFs), including a baseline assessment conducted in six PATFs. In the period under review, SHARE II reached two additional PATFs—Lusaka and Southern—to assess their performance on 28 measures. At the end of the assessments, SHARE II guided each participating PATF to create performance improvement action plans. These will form the basis for capacity development activities to be carried out by the PATFs as well as the provision of technical assistance by SHARE II and NAC.
- **NZP+ Board Retreat:** In January, SHARE II assisted the Network of Zambian People Living with HIV/AIDS (NZP+) to hold a Board Retreat, at which NZP+ Board members were oriented on their roles and responsibilities, created a Board Committee for effective governance and oversight, planned the recruitment of essential staff and developed a 2014 Board Action Plan. In February, SHARE II also worked closely with NZP+ to develop a proposal and budget for possible funding in 2014 from SHARE II.
- **Adaptation of PAW Materials to Suit PwP Training:** In March, SHARE II provided technical support to NZP+ to adapt PAW (Positive Action at Work) materials to suit PLHIV (through a Prevention with Positives, or PwP, program), with the development of a training package.
- **Resource Mobilization Training with NZP+:** In March, SHARE II provided training to NZP+ Board members and Secretariat staff in resource mobilization, including identification of financing strategies to generate resources to support or pay for the goods and services used in PLHIV coordination.

Task 3: Strengthen and expand HIV/AIDS workplace programs

SHARE II works with both the public and private sectors to expand access to workplace programs and strengthen linkages and referral systems with community-level partners and implementers. Through this work, SHARE II and its partners can expand access to HIV prevention, care, support, and treatment services—for employees, dependents and defined outreach communities—to reduce HIV-related employee absenteeism and ultimately contribute to increased productivity.

Workplace HIV/AIDS programs that include appropriate linkages to care and treatment services have resulted in significant improvements in general employee health and reductions in absenteeism in many workplaces. This has led to a switch in priorities by many workplaces to have more integrated health programs that address HIV and other related issues.

Culture vs. Science: Halting Efavirenz Misuse and Preventing HIV

The Gender and Sexuality in HIV/AIDS Program

In 2007, the first SHARE project, at the request of the Zambian Ministry of Home Affairs, developed its Gender and Sexuality in HIV/AIDS (GESHA) program, which integrates gender, sexuality and cultural aspects into workplace HIV/AIDS programming. GESHA provides a “safe haven” or neutral ground where discussions on these very sensitive issues—such as sexuality in the Zambian cultural context, gender roles and masculinity, multiple concurrent partnerships, alcohol abuse and gender-based violence—can openly take place among workmates, couples and community members, without fear of sanctions from cultural standard-bearers.

The GESHA approach challenges communities, couples and individuals to re-examine their own behavior and come up with collective and individual actions to reduce vulnerability to HIV, and begin to slow down local HIV/AIDS epidemics. In this way, GESHA has transformed workplace HIV/AIDS programs in the Zambia Police Service (ZP) into more vibrant and relevant interventions, assisting communities to come up with HIV programs that are applicable to their local situations, so that they can address the drivers of the HIV/AIDS epidemic.

*Tobacco mixed with ARVs.
Photo courtesy CBCRadio*

Discovering ARV Misuse in the Copperbelt Police Camps

In August 2013, SHARE II learned through a visit to ZP camps on the Copperbelt that many women in the camps were grinding tobacco (*nsunko*) and mixing it with Efavirenz (an ARV), sodium bicarbonate or urine and other ingredients, and were either sniffing, ingesting or applying the mixture vaginally. In this modified form, “*nsunko-plus*” was being used by women who believed that by adding Efavirenz and other ingredients it would function as an aphrodisiac; would prevent HIV if inserted vaginally; and was also a vaginal drying agent for dry sex, which they said their spouses/partners preferred.

Efavirenz was being added to *nsunko* not only because it was mistakenly believed to prevent HIV, but also because of the side effects of the drug. Side





A group of traditional counselors at a ZP camp in the Copperbelt who underwent a SHARE II training on nsunko-plus

effects of Efavirenz use include hallucinations, vivid dreams and feeling “stoned.” These feelings allowed women to overcome their shyness and inhibitions and more overtly express their sexual desires, in spite of cultural restrictions on women asserting their sexuality.

ZP and SHARE II staff immediately realized that use of *nsunko-plus*, particularly the misuse of Efavirenz, was harmful to the HIV response. Firstly, misuse of ARVs can lead to HIV drug resistance, and the development of resistance to Efavirenz—a cornerstone of Zambia’s first line of HIV treatment—would be detrimental to the national HIV treatment program, in addition to the effects on treatment availability: the supply of ARVs in Zambia is limited and needs to be used for medically appropriate treatment. Further, if the women believe that the mixture would prevent HIV, they may be less likely to negotiate for condom use, actually putting them at higher risk of contracting HIV. Finally, inserting substances into the vagina for dry sex compromises the integrity of the vaginal mucosa, which facilitates HIV transmission.

Creating a Groundswell of Support against Nsunko-plus Use

SHARE II took a systematic approach in its effort to

reduce the use of *nsunko-plus*. First, SHARE II staff trained female leaders at the camps who could obtain authority to conduct sensitization sessions and identify women at risk. Partnering with these trained leaders, SHARE II targeted a larger group of women who had influence in halting the use of *nsunko-plus*, including manufacturers, sellers, women in positions of authority and traditional counsellors. Finally, SHARE II expanded its messaging to men through a GESHA training with couples to address the pressures women felt to continue using *nsunko-plus*.

In October 2013, SHARE II—working with ZP HIV/AIDS Coordinators—trained a selected group of 20 influential women from 10 camps in a GESHA Trainer-of-Trainers (ToT) package, which was modified to include a section on the harms of *nsunko-plus*. SHARE II and ZP invited to this training several senior female police officers who could easily advocate for the program to management and obtain permission for sensitizations to take place in the camps. Using this ToT package, SHARE II staff trained the participants to not only be peer educators on *nsunko-plus*, but also to lead and facilitate conversations on gender, HIV/AIDS and sexuality using a SHARE II-developed GESHA Trainer’s Manual.

The 20 women trained in the ToT package, in partnership with some of their colleagues who

were involved in the *nsunko-plus* trade, identified dozens of women to be targeted in a subsequent messaging session. Due to the sensitivity regarding use of *nsunko-plus*, they mobilized different groups of women in the camps to create a critical mass of support for the program, including those who were involved in the manufacture, sale and provision of *nsunko-plus* in the camps; women who had significant influence, such as wives of senior officers; and cultural standard-bearers, including traditional counsellors.

In December 2013, SHARe II staff and the ToT group led a sensitization meeting for 54 of these influential women, focusing on sexual health communication and the dangers of using *nsunko-plus*. SHARe II staff provided technical information about the harms of using such agents, while the ToT group facilitated small-group discussions and encouraged honesty and openness. After this session, the ToT-trained leaders now had a critical mass of influential women through which they would be able to recruit even more people to participate in future programs.

Because the motivations for using *nsunko-plus* included dry sex, which women believed their sexual partners preferred, and the aphrodisiac properties it was believed to have, SHARe II engaged men in this program and held a GESHA training in February 2014 to address this issue. When the female participants revealed that they were using *nsunko-plus* as vaginal drying agent and as an aphrodisiac, their spouses were surprised! The men present indicated that they had never expressed a preference one way or another regarding dry sex, and their wives were simply assuming that their husbands would enjoy it. Once the women actually mentioned it to their partners, however, they were able to openly discuss the benefits and risks and agree to use safer alternatives.

With this newfound openness, SHARe II and the ToT group trained the couples in communication and sexual health skills, so that they would be able to share their sexual needs and develop respectful relationships into the future. In addition, once women were able to openly communicate their needs and desires, they no longer saw a reason use *nsunko-plus*; the dis-inhibition that had previously come as a side effect of the drug was no longer necessary.

Improving the Lives of Individuals, Couples, and Communities

The 20 ToT trainees have been conducting regular outreach among women and couples in the camps with formal training aimed at stamping out the harmful practice of using *nsunko-plus*. Additionally, all of the training participants—including couples and women who attended sensitizations—have been involved in informal information-sharing with friends, colleagues and spouses, one-on-one or in small groups.

As both men and women in the camps have been mobilized towards stopping the practice, HIV/AIDS Coordinators and women who have been conducting outreach report that the use of *nsunko-plus* has dropped drastically, with fewer women using the mixture and—consequently—fewer people making and selling it. Leaders also report that sexual health communication has improved among couples.

“Many women have changed ... we were just punishing ourselves for nothing. I would have died but thanks to the [GESHA] team for being courageous to discuss gender and sexuality with the women and our husbands in the camps.”

One trained leader told SHARe II, “before I attended the meetings... I used to use traditional sexual stimulants. I think it was ignorance that led me to do that. I used different types of stimulants including *nsunko*. When you sniff it you feel dizzy, light and weak but later you recover... I was told that my body would warm, and my vaginal muscles would be much stronger. One day I added it to alcohol and drank but the effects were so bad that I fainted and was taken to the hospital.” Since the training, she noted, “Many women have changed... we were just punishing ourselves for nothing. I would have died but thanks to the [GESHA] team for being courageous to discuss gender and sexuality with the women and our husbands in the camps.” She also observed that the woman who had previously been selling her *nsunko-plus* has since stopped making it.

In reference to the benefits of targeting both men and women through GESHA, one wife who participated in the ToT program mentioned to

SHARE II staff that at the time she attended the training, her marriage was on the verge of collapse; afterwards, for the first time, she was able to openly and honestly communicate with her husband about her sexual health and other social needs, and has since reconciled with her spouse. She is now working with ZP leadership in one of the camps to share her story and lead women through the GESHA package. The husband also expressed his gratitude to SHARE II staff for the training.

The misuse of Efavirenz has been reported to the Drug Enforcement Commission for further action, to identify the source of the drug, and the ZP HIV/AIDS Secretariat now says the use of *nsunko-plus* is more widespread than first believed, and is scaling up the program to other camps in Lusaka and Chipata. Going forward, SHARE II will include a section on *nsunko-plus* in its refresher trainings for GESHA teams and peer educators in all its programming, not just for the ZP, and will assist the National HIV/AIDS/STI/TB Council to prepare a briefing for HIV program implementers to be able to address use of *nsunko-plus* nationwide. ♦

January-March 2014:

Other Workplace HIV/AIDS Programs Activities and Achievements

- **Peer Education Training in Public and Private Sectors:** In February, SHARE II trained 46 peer educators from the Ministries of Agriculture and Livestock, Home Affairs, Information and Broadcasting, Labor and Social Security, Tourism and Arts and the Public Service Management Division, as well as 47 peer educators from NWK Agri-Services (formerly Dunavant) and SABMiller.
- **Supportive Supervision Visit to PLHIV Groups:** In March, at the invitation of Chief Mukuni, SHARE II made a support supervision visit to strengthen skills and improve information-sharing among a selected group of PLHIV in Mukuni chiefdom. The community leadership and support group are working with health clinic staff to strengthen adherence to ART among the team and provide HIV/AIDS education at community health education activities. SHARE II linked the group to the Kazungula DATF so that they could benefit from DATF funding.
- **Commemorating Youth Day with Katombora Reformatory Youth:** In March, at the invitation of the Zambia Prison Service, SHARE II provided HIV/AIDS sensitization to 105 juveniles at the Katombora Reformatory School, 34 inmates from a nearby open prison and staff spouses. SHARE II was the only HTC service provider on-site and tested 90 people. The Youth Day celebration was attended by the Deputy Minister of Home Affairs, the Deputy Permanent Secretary at the Ministry of Home Affairs and the District Commissioner for Kazungula.
- **Peer Educator Training for Inmates at Kamfinsa Prison:** In March, SHARE II conducted a peer education training workshop for 25 inmates (20 male and 5 female) and two female prison officers. The inmates are now sensitizing their peers during the lock-up time in their cells and are assigned an hour every Thursday evening to talk to peers on HIV-related issues.
- **Technical Support to SHARE II Sub-grantees and the Private Sector:** In March, SHARE II held a workplace HIV/AIDS and wellness orientation workshop for ZHECT, LEAD, LTA and the National Union of Plantation and Aligned Workers (NUPAAW) to realign their activities with the 2014 COP and integrate wellness into their HIV/AIDS programming.
- **Technical Support to Zambia Prison Service for Documenting and Reporting:** In January, SHARE II oriented Zambia Prison Service staff in the use of a reporting and documentation database and conducted a Data Quality Assessment for their HIV/AIDS Secretariat, in collaboration with the SHARE II M&E unit.

Task 4: Strengthen collaboration and coordination of HIV/AIDS activities with the Government of the Republic of Zambia, U.S. Government-funded partners, and other stakeholders

SHARE II provides technical assistance to the Government of the Republic of Zambia through the National HIV/AIDS/STI/TB Council (NAC) to improve collaboration and coordination of the HIV/AIDS response across multiple partners and stakeholders. These efforts include providing support for joint planning; developing and maintaining a monitoring system that tracks the leadership, legal and policy environment; strengthening coordinating structures' activities; and improving monitoring and evaluation for national HIV/AIDS activities. SHARE II also provides support to United States Government (USG)-funded bilateral partners to implement workplace wellness programs.

Most projects are in their close-out phase, which is making it difficult for their respective workplace wellness coordinators to fully support the wellness programs. However, it is encouraging to note that despite the designated coordinators already having respective roles and responsibilities in their workplaces, they have demonstrated a willingness to make a difference in their workplaces by administering the wellness tools. Some of them even have funded wellness programs for 2014!

Engaging USAID Partners to Assess Workplace HIV/AIDS & Wellness Programs

During this past quarter, SHARE II continued assisting USAID bilateral partners to implement workplace-based HIV/AIDS and wellness programs. The workplace wellness program is modeled on the workplace HIV/AIDS programs SHARE II is currently implementing in the private and public sectors.

As of March 2014, the following USAID-funded partners have successfully been engaged: JSI-DELIVER/SCMS, CSH, ZPI, ZISSP, Steps OVC, Profit Plus and COH III.

To ascertain what programs each organizations' staff are interested in, and also to help the partners design wellness programs that respond to staff interest, all the engaged partners were supported to conduct a staff interest survey, which SHARE II then helped analyze. The results of the survey indicated that most staff would like to participate in workplace wellness programs, with particular interest in programs that take place during working hours and that focus on disease prevention.

The following table highlights the ranked preferences for different categories of the survey, from highest to lowest:

Health promotion	Physical activity	Nutrition and weight management	Participation time
Heart disease prevention	Gym membership	Nutritional talks	During lunch at work
Cholesterol reduction	On-site exercises	Weight management	After work
Financial management			
Cancer prevention			
Stress management			

In March 2014, SHARE II also visited various service providers in Lusaka, including the Nutrition Commission, Planned Parenthood Association of Zambia, Marie Stopes, the Drug Enforcement Commission, CIDRZ and the Health Club at Taj Pamodzi Hotel, to form a directory of service providers that will help with the provision of services or technical support to the wellness programs, based on each partner's needs. SHARE II also met several times with USG-funded partners at both individual and group levels and consulted on planning a health fair for the group; partners have started submitting proposed activities for the health fair. ♦

Monitoring & Evaluation (M&E)

SHARE II M&E activities ensure the collection, analysis and storage of quality data, and support the timely reporting and adequate utilization of project information in order to improve SHARE II's ability to effectively implement activities. SHARE II also provides technical assistance on M&E to its sub-partners and to other project partners to strengthen their M&E activities and reporting. SHARE II activities during the quarter included Data Quality Assessments (DQAs) with SHARE II partners, implementation of the workplace HIV/AIDS and wellness survey at SABMiller and supporting COP 2014 activities, including implementing the new PEPFAR MER indicators and targets.

SABMiller

SABMiller is one of Africa's leading brewers and is the parent company of National Breweries, Zambian Breweries and Heinrich's Beverages in Zambia. In 2013, SABMiller engaged SHARE II to design a workplace wellness and HIV/AIDS program among its employees; to inform the design of this program, between February 17 and March 7, 2014, SHARE II conducted a survey of health knowledge, attitudes and practices among 1,029 employees from seven SABMiller workplaces in Kabwe, Kitwe, Lusaka and Ndola. Topics covered in the survey included general health, nutrition and physical activity, substance use, sexual history and behavior, contraceptives, male circumcision, STIs (including HIV) and perceptions of existing workplace programs. SHARE II and SABMiller will use these survey results in developing the workplace wellness program for the company. A report on the study findings has been written and is available.

PEPFAR Targets

The new PEPFAR MER indicators are being implemented in FY2014 and, currently, SHARE II is on course to achieve FY2014 targets (see Table 2). Under the HTC_TST indicator (formerly NGI indicator P11.1.D)—number of individuals receiving testing and counseling services for HIV and received their test results—SHARE II performance was 64.4%, as of SAPR (see Figure 3).

PEPFAR Target	Q1	Q2	SAPR Total	FY2014 Target
KP_PREV	1,559	2,280	3,839	12,275
GPY_PREV	646	2,945	3,591	7,034
GEND_NORM	475	790	1,265	3,000
HTC_TST	8,883	6,550	15,433	23,966

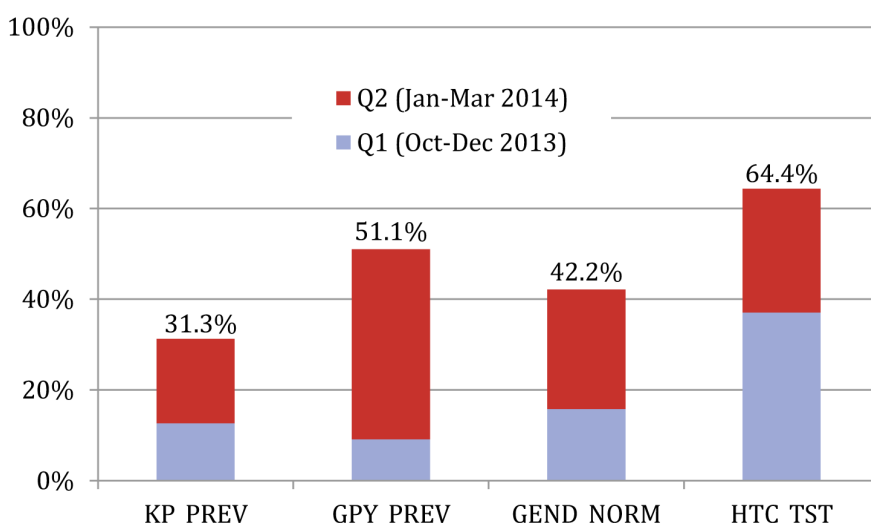
Table 2: Achievement and targets on PEPFAR MER indicators for FY2014: Q1, Q2, and SAPR

The other MER indicators SHARE II is reporting are either new or modified indicators from the NGI. The KP_PREV indicator captures the number of key populations reached with a core package. In SHARE II's case, the key population is male prisoners who are at high HIV risk because some are men who have sex with men (MSM), with the primary risk behavior being unprotected anal sex, either consensual or coerced, among 7-16 year olds in juvenile prisons, and 17 years and older in adult prisons. SHARE II achievement at SAPR was 31.3%. Performance is below 50% primarily because under the NGI, SHARE II was reporting inmates as part of a much larger group—MARPs—which included inmates, uniformed services and migrant workers, and was on track to achieve SAPR targets. The change in inclusion criteria with the introduction of the MER, more than half way through the SAPR period, meant that only prison inmates can be included and reported under KP_PREV, reducing overall achievement. However, given the current rate of program implementation, SHARE II will reach its FY2014 target.

Under the GPY_PREV indicator—which focuses on delivering a core prevention intervention package to priority populations—SHARE II's performance at SAPR was 51.1%. SHARE II's priority populations are as follows: 1) Adolescent Girls and Young Women 10-24; 2) People Living with HIV (PLHIV); 3) Uniformed Services (Prison Guards and Police Officers), and 4) Migrant Workers. Interventions that feed into the GPY_PREV indicator are primarily behavioral interventions implemented nationally in partner formal workplaces and defined outreach communities, partner chiefdoms and partner churches. Interventions are tailored to

target priority populations; all aim to create demand for services (VMMC, HTC, ART and PMTCT), promote condom use as appropriate and prevent HIV. SHARE II is on track to achieve FY 2014 targets.

Lastly, for the indicator GEND_NORM—number of people completing an intervention pertaining to gender norms that meets minimum criteria—achievement was at 42.2% as of SAPR. Interventions that feed into the GEND_NORM indicator are primarily behavioral interventions implemented nationally in partner formal workplaces and defined outreach communities, partner chiefdoms and partner churches.



Interventions are tailored to specific implementing partners and their needs. For example, interventions implemented through partner churches are designed to be age-appropriate in line with the requirements of the church, and are therefore tailored to specific age groups. ♦

Figure 3: SHARE II quarterly performance on MER indicators per quarter, as percent of FY2014 target

Finance & Administration

Task Order Funding

The SHARE II Task Order obligation is currently at \$21,346,985.99. This obligation is planned to fund the project through September 2014. As of March 31, 2014, John Snow, Inc. has expended and accrued approximately \$17,807,144 under the SHARE II task order, representing 83 percent of the total obligation.

A further funding obligation is required to be received by August 30, 2014 to ensure the continuity of project operations.

Local Sub-Partners

Sub-grants for the year ended December 31, 2014 have been negotiated and approved for ZHECT, ZINGO and LEAD.

The following proposed sub-grants have been submitted to the COR for concurrence: Renewal of the Livingstone Tourism Association (LTA) grant and sub-grants to The Network of Zambian People Living with HIV/AIDS (NZP+) and Independent Churches of Zambia (ICOZ). Additionally,

negotiations are ongoing for sub-grants to Grassroots Soccer Zambia and Serenity Harm Reduction Programme Zambia (SHARPZ).

Personnel and Procurement

Key Personnel: All key personnel remain at post.

Staff Issues:

- Recruitment processes have been ongoing for a PATF/DATF manager and, at the time of finalizing this report, a suitable candidate to replace Clement Moonga has been identified.
- The recruitment process has been ongoing for a Leadership Manager but a suitable candidate has not yet been identified.
- Suitable candidates for the positions of Administrative Assistant and IT Specialist have been identified during the period and both are expected to join the project in the forthcoming quarter.
- During the period, the project hired Ms. Rosmary Mbewe on a short-term internship to assist the leadership team. ♦

*A musician performs at the launch of the
Zambia Association of Musicians Strategic
Plan Launch on January 16, 2014
at the Taj Pamodzi Hotel.*



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